



**City of Kansas City, Mo.**  
**Neighborhood and Housing Services Department**  
**Neighborhood Services Division**  
**3200 Wayne Ave, Room 106**  
**Kansas City, MO 64109**  
**(816) 513-4504**

## Kansas City Neighborhood Advisory Council Candidate Application

*Please note that this application supersedes any prior document with an earlier revision date.*

Application Date: \_\_\_\_\_ Application Number: \_\_\_\_\_ (office use only)

Name: (Mr./Mrs./Ms.) \_\_\_\_\_

Address: \_\_\_\_\_

Neighborhood in which you reside: \_\_\_\_\_

Neighborhood Advisory Council Region in which you reside: \_\_\_\_\_

Region maps may be viewed at: <http://kcmo.org/KCNAC>

If not elected to a board seat in your Region, are you interested in being considered for an “at-large” seat?  
 “At-Large” seats are elected by the Regional board members at the January KCNAC meeting.

\_\_\_\_\_ Yes, if not elected, I am interested in being considered for an “At-Large” seat

\_\_\_\_\_ No, I’m not interested

Work/Daytime Phone: \_\_\_\_\_ Home/Evening Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

How did hear about the advisory council? \_\_\_\_\_

Why are you interested in joining the advisory council? Attach additional sheet if needed.

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What knowledge, skills, and abilities would you bring to the advisory council? Attach additional sheet if needed.

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Are you willing to participate in related trainings, e.g. consensus building skills training? \_\_\_\_ Yes \_\_\_\_ No

List ALL boards, committees, elected positions, professional organizations and community activities for which you have served or currently serve. Attach additional paper if necessary. Specify years in which you were involved and scope of involvement. Include organization contact information and websites if applicable.

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List two personal references

| Name | Address | Phone | Email | Relationship |
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**Time Commitment:** *It is important to note that the Neighborhood Advisory Council requires that members attend meetings, read and review materials, participate in trainings, etc. Meetings are held monthly on the first Tuesday of the month (current meeting time is 4:00 PM – approximately 5:30 PM, and subcommittee meetings are held as needed. In addition, there are certain special events for which member attendance and input is expected (special forums, public hearings, etc). It is critical for all applicants to give careful consideration to whether they have adequate time to devote to membership in the Neighborhood Advisory Council.*

By signing this document, you agree to attend meetings regularly and to make good-faith efforts to participate in special forums, public hearings and other events that promote the mission of the Kansas City Neighborhood Advisory Council.

### Candidate Statement

*All candidates will have a statement published in their own words in a voter information booklet that is sent to all eligible groups, along with certain details of their experience and qualifications listed herein.*

Please provide a statement of no more than 250 words explaining to voters why you are running for the Kansas City Neighborhood Advisory Council. Attached additional sheet if needed.

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**Eligibility Requirements**

Initial each of the following statements, and sign at the bottom.

**Proof of Residency**

- \_\_\_\_\_ I reside within the designated region or within a group that is included in that region and am seeking a regional position.

**AND**

- \_\_\_\_\_ I have been a continuous resident of the State of Missouri since at least Jan. 1 of this year.

**Warrants**

- \_\_\_\_\_ I have no outstanding warrants from federal, state, or local authorities.

**Taxpayer Status**

- \_\_\_\_\_ I do not owe any delinquent federal, state, local property, personal property or income/earnings taxes.

**Voting Status**

- \_\_\_\_\_ I am a registered voter in the State of Missouri.

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*To the best of my knowledge the information provided in this application is true and complete. I understand that a false or misleading statement may result in my elimination from consideration as a Neighborhood Advisory Council member or removal from the council.*

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Applicant's signature

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Date

**Completed applications must be received no later than 5:00 PM, Monday, August 18, 2014 at the following location:**

**Neighborhood and Housing Services Department  
3200 Wayne Avenue, Room 106  
Kansas City, MO 64109  
Attn: Tiffany Drummer**

Thank you for your interest in the Kansas City Neighborhood Advisory Council.